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Part III: Clinical Departments and Divisions Continued --- Chapter 45: Department of Obstetrics and Gynecology (pages 707-736)

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Department of Obstetrics and Gynecology

JAMES H. LEE, JR., M.D.

“The history of man for the nine months preceding his birth would, probably, be far more interesting and contain more events of greater moment than all the three-score and ten years that follow it.”

—SAMUEL TAYLOR COLERIDGE (1772–1834)

OBSTETRICS in colonial Philadelphia, as in all of America, was practiced almost entirely by midwives. By the mid-eighteenth century, however, a few physicians began to take an interest in obstetrics as a distinct specialty. The first medical school in this country, the Medical Department of the College of Philadelphia, started in 1765 without a Chair of Obstetrics. King’s College Medical School in New York opened in 1767 as the second medical school, but it had the first Professor of Midwifery, John V.B. Tennent.¹ It was not until 1791, when the Medical Department of the College of Philadelphia merged with the University of the State of Pennsylvania, that William Shippen, Jr., who was the Professor of Anatomy and Surgery,

had “Midwifery” added to his title. Shippen however, had been giving private lectures in midwifery since 1765. The course remained optional until 1813, when it was made obligatory for graduation, according to Scheffey,² although Cianfrani³ says it was not made a requirement until 1831.

In any event, this requirement marked the elevation of obstetrics to a recognized medical science. By the time of Jefferson’s founding in 1824, midwifery and diseases of women were becoming of more interest to physicians, and the practice of obstetrics more respectable. Knowledge, based on clinical observation, was increasing slowly, and Ephraim McDowell had performed his first ovariectomy (1809), heralding

the development of abdominal surgery. The fetal heart was heard for the first time in 1822. On the other hand, cupping and bleeding were standard treatments for many ailments; purgatives were prescribed in large quantities; ether and chloroform were yet to be used; the hypodermic needle had not been devised; bacteriology was unknown; hemostatic forceps had not been invented; and bleeding in operations was profuse and often fatal. Almost all wounds suppurated.

Instruction was almost entirely didactic. Examination of women, known as the operation of “touching,” was performed under covers. While general physicians were expected to have some knowledge of obstetrics, almost none acquired any practical experience in school. Special training required a trip to Europe or an assistantship to a practitioner. A few small lying-in hospitals had been created in the United States and separate wards designated for maternity patients in a few general hospitals. These were intended primarily as asylums for the poor and not for the training of medical students or physicians. Among these were the lying-in wards of the Philadelphia Almshouse, opened in 1802, and the Pennsylvania Hospital, opened in 1803.

The history of the Department of Obstetrics and Gynecology began with the founding of Jefferson Medical College in 1824. At that time a Professorship of Midwifery and Diseases of Women and Children was established. In the early years faculty changes were frequent, and particularly so in the Chair of Midwifery.

Francis S. Beattie, M.D. (1794–1841); First Chairman (1824–1826)

Francis S. Beattie was appointed as the first Professor. He graduated from the University of Pennsylvania in 1821 and spent several years in the Navy before returning to Philadelphia in 1824. Contentious and incompatible with his colleagues, he defaulted on a \$20 assessment for the renovation of the Tivoli Theater, Jefferson’s first Medical Hall. He was dismissed in October, 1826, after one term. Subsequently, he published a pamphlet claiming persecution by the Faculty and Trustees, which led to a successful libel suit against him by George McClellan.

It is reported² that in 1835 Beattie assisted Professor William Gibson in the performance of the first Caesarean section in Philadelphia

successful for mother and child. This is of significance, because from 1822 to 1870 only three Caesarean sections had been performed in Philadelphia.

John Barnes, M.D. (1791–?); Second Chairman (1826–1827)

Dr. John Barnes (Figure 45-1) was appointed to fill the Professorship vacated by Dr. Beattie,



FIG. 45-1. John Barnes, M.D. (1791–?), Second Chairman (1826–1827).

Medicine, was given the additional assignment of Professor of Midwifery, which he held until his departure for Cincinnati, Ohio, in 1831. One of the founders of Jefferson, he had been active in politics and writing, and he was well known both in this country and abroad for his medical writings, although he contributed nothing significant in obstetrics.

Usher Parsons, M.D. (1788–1868); Fourth Chairman (1831–1832)

Usher Parsons (Figure 45-3) held the Chair for only one year. A brother-in-law of Oliver Wendell Holmes, he was a former Naval surgeon who was awarded the Congressional Medal of Honor for distinguished service with Perry during the Battle of Lake Erie.

but he, too, was not reappointed the following year. Like Beattie, he published a pamphlet complaining of his treatment by the Trustees and Faculty. According to Samuel D. Gross in his *Autobiography*, “He was the dullest lecturer that it was my lot ever to hear, destitute of all the attributes of a successful teacher.”

John Eberle, M.D. (1787–1838); Third Chairman (1828–1831)

Following Dr. Barnes’s dismissal, Dr. John Eberle (Figure 45-2), Professor of the Practice of

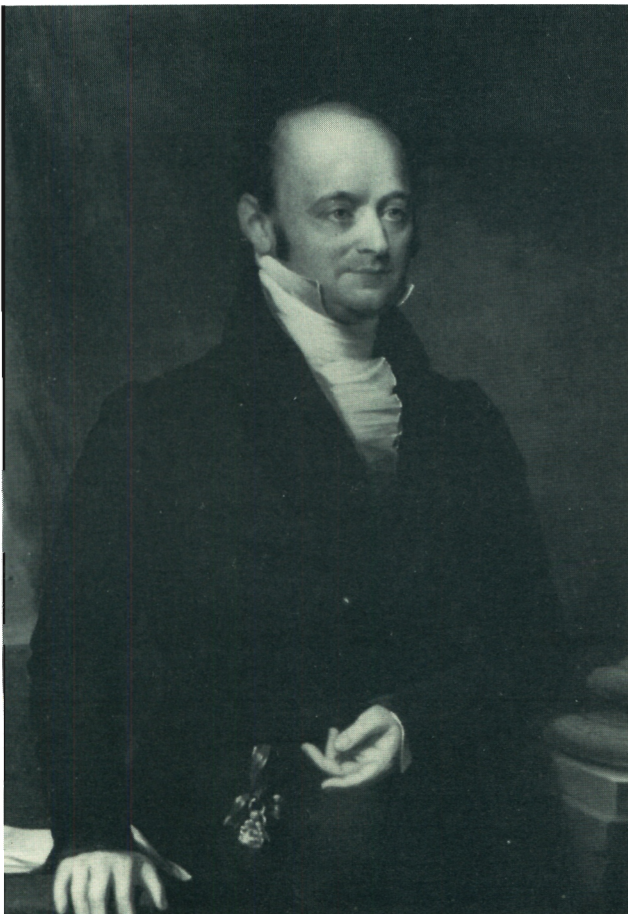


FIG. 45-2. John Eberle, M.D. (1787–1838), Third Chairman (1828–1831).

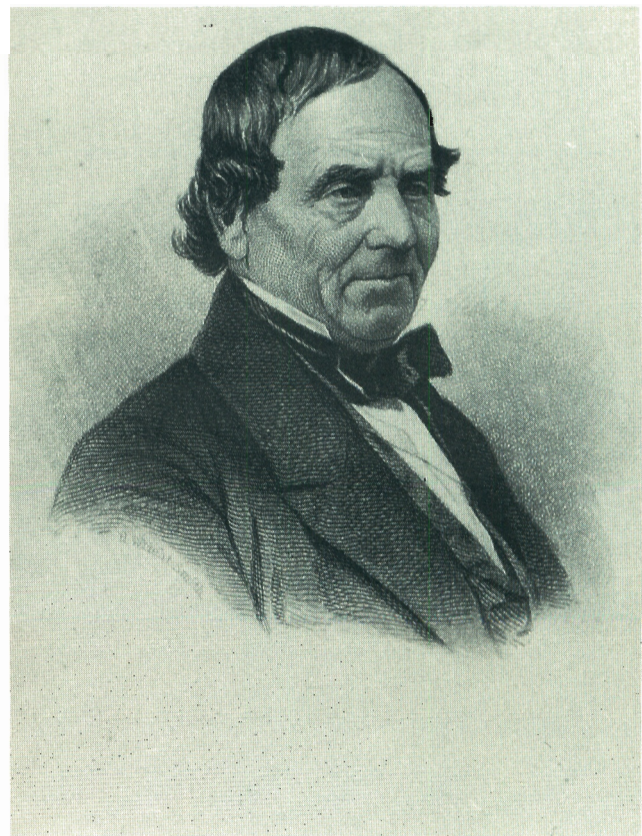


FIG. 45-3. Usher Parsons, M.D. (1788–1868), Fourth Chairman (1831–1832).

Samuel McClellan, M.D. (1800–1854); Fifth Chairman (1832–1839)

Samuel McClellan (Figure 45-4), the younger brother of George, had been a Demonstrator of Anatomy at Jefferson since 1828. He was appointed to the Chair of Midwifery in 1832 and held this position until he resigned in 1839 to join his brother in establishing another medical school.

The bulletins, or catalogues, of Jefferson during this period indicated that the Trustees and Faculty had concerns about the length of the curriculum and did extend it from four months to five. A written examination was also introduced in 1836. Sample questions included: What are the proofs that blood of the mother does or does not pass directly from the uterine vessels to those of the fetus?; From what cause does hemorrhage commonly proceed subsequent to delivery of the child?; Under what conditions can the forceps be safely used?; Under what conditions can ergot be safely given?

The statement also appears in the Bulletin for 1836 that the Professor of Midwifery procures patients from the dispensary for his pupils and these are attended at home by the students under the direction of the Professor. This would seem to indicate that some attempts were being made to provide some practical experience for students.

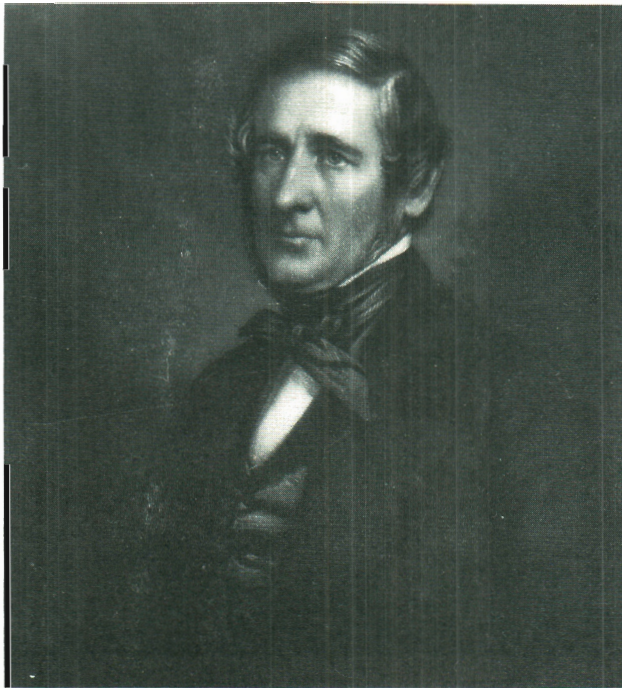


FIG. 45-4. Samuel McClellan, M.D. (1800–1854), Fifth Chairman (1832–1839).

Robert M. Huston, M.D. (1795–1864); Sixth Chairman (1839–1841)

Dr. Robert Huston (Figure 45-5), an 1825 graduate of the University of Pennsylvania, had first been elected to the Chair of Materia Medica but was transferred to the Professorship of Obstetrics and Diseases of Women and Children upon the departure of Samuel McClellan. Although he was better known in Materia Medica and Therapeutics than Midwifery, he is said to have had 20 years of experience as a practitioner of Midwifery. He became Professor of Materia Medica and Dean of the Faculty upon the election of Meigs to the Professorship of Obstetrics in 1841.

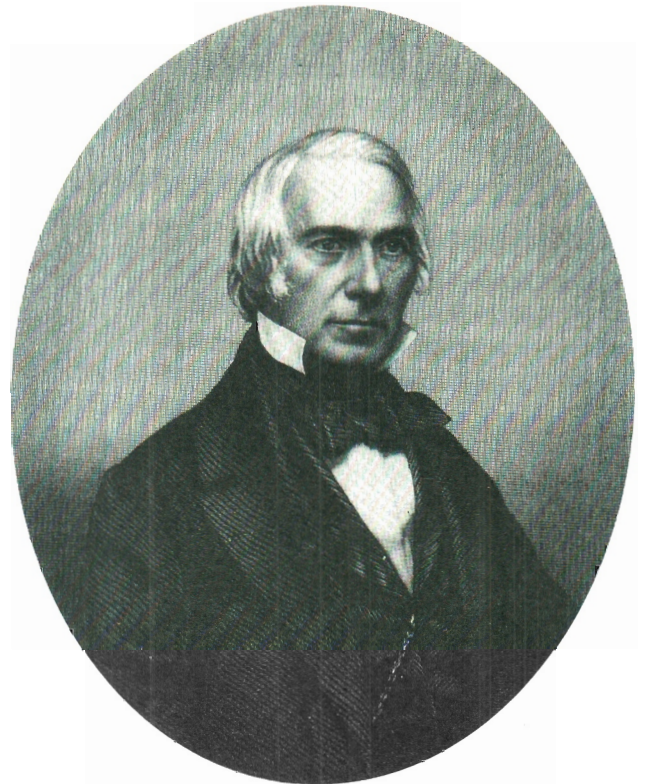


FIG. 45-5. Robert M. Huston, M.D. (1795–1864), Sixth Chairman (1839–1841).

Charles Delucena Meigs, M.D. (1792–1869); Seventh Chairman (1841–1862)

Charles D. Meigs (Figure 45-6), graduated from the University of Georgia in 1809 and then was apprenticed in medicine to Dr. Thomas H.M. Fendall of Augusta. From 1812 to 1815 he took courses at the University of Pennsylvania, receiving his degree in 1817. He practiced for a short time in Augusta, but then returned to Philadelphia. His practice apparently developed slowly, but he soon became intimate with the

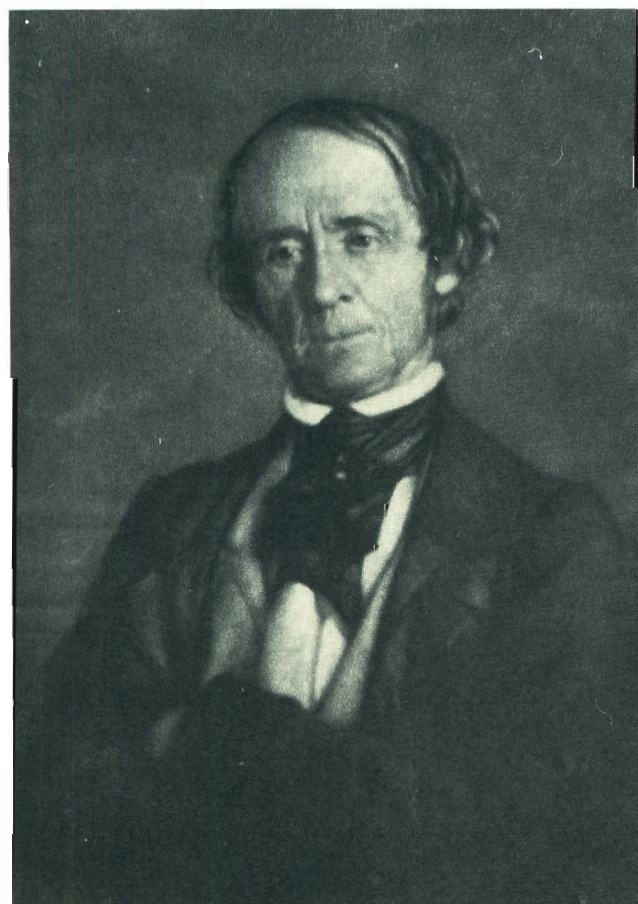


FIG. 45-6. Charles D. Meigs, M.D. (1792–1869), Seventh Chairman (1841–1862).

medical leaders and associated himself with Drs. Hodge, Bache, LaRoche, and others. He was one of the first editors of the *North American Medical and Surgical Journal*. He taught anatomy at the Hewson School from 1822 and from 1830 to 1835 lectured on midwifery in “The Philadelphia Association for Medical Instruction,” another private school. In 1835 he contested unsuccessfully with Hugh Hodge for the Chair of Obstetrics at the University of Pennsylvania. In 1837 he was appointed Chairman of the Committee on Midwifery by the College of Physicians to advise the Trustees of the estate of Dr. Jonas Preston, leading to the founding of the Preston Retreat at Twentieth and Hamilton Streets for obstetric care of the deserving poor.

In 1841 Meigs was appointed Professor of Midwifery and Diseases of Women and Children at Jefferson as part of a major reorganization of the faculty that led to a period of peace and calm in the institution as well as a widening of its influence in medicine and medical teaching.

From the time of his appointment, Meigs became one of the most popular and influential teachers of his time and was recognized throughout the world. He wrote prolifically, including a translation of Velpeau’s *Elementary Treatise of Midwifery* (1831); *Philadelphia Practice of Midwifery* (1838); *Woman, Her Diseases and Remedies* (1847); *Obstetrics, The Science and Art* (1849); and many others. For interesting and entertaining reading, his *Letters to His Class* (1847) provide insights into the man and a picture of obstetric and gynecologic practice of the time.

Soon after his appointment there appeared the papers by Oliver Wendell Holmes *On The Contagiousness of Puerperal Fever* (1843) and on *Puerperal Fever as a Private Pestilence* (1855). These aroused widespread controversy. Meigs, with his colleague Hugh L. Hodge at the University of Pennsylvania, strongly opposed the views of Holmes. Meigs wrote often and vigorously over many years in opposition to Holmes and in support of his own thought that puerperal fever resulted from “a strange coincidence of accidents, rather than a peripatetic causation by the doctor.” He could not accept the infectious nature of the disease, yet in his report to the College of Physicians on the Preston Retreat he emphasized the importance of cleanliness, adequate ventilation, and rotation of labor rooms to prevent the dissemination of childbed fever.⁴

Meigs also strongly opposed the use of chloroform, primarily on the grounds of safety,

and was against the operation of ovariectomy for any reason, saying “that the fact of a surgical operation being necessary in any case, is a reproach to medicine.” Likewise, he was also opposed to Caesarean section, a not unreasonable attitude at the time, considering the mortality associated with this operation.

Despite his contentiousness on some subjects, Meigs was erudite and cultured. Widely respected by his students, he undoubtedly elevated the standards of teaching and the practice of obstetrics. He resigned and was made Professor Emeritus in 1861, delivering his farewell address to his class February 27, 1861, but returned to lecture the following year because of the poor health of his successor, William V. Keating. He then retired to his farm where he died on June 22, 1869.

William V. Keating, M.D. (1823–1894); Eighth Chairman (1861–1862)

William Keating was named to replace Dr. Meigs in 1861 but, as already noted, could not complete his course of lectures because of illness.

Ellerslie Wallace, M.D. (1819–1885); Ninth Chairman (1862–1883)

Dr. Ellerslie Wallace (Figure 45-7), a graduate of Jefferson in the Class of 1843, was a Demonstrator of Anatomy for 16 years in his alma mater prior to his appointment as Professor of Obstetrics and Diseases of Women. He held the latter position for 20 years during a period in which great progress occurred in medicine. Advances in anesthesia, pathology, bacteriology chemistry, and asepsis and antisepsis during the second half of the nineteenth century were making medicine a science as well as an art.

During Wallace’s tenure, instruction continued to be primarily didactic, although clinical teaching was gradually developing. He was reported to be a brilliant and theatric lecturer. Bland reports that special obstetric clinics were established during his Chairmanship and held almost daily, although they

were more of a didactic experience than a clinic as we know it today.

Dr. Wallace was a founding member of the American Gynecologic Society.

Theophilus Parvin, M.D. (1829–1899); Tenth Chairman (1883–1898)

Theophilus Parvin (Figure 45-8) was one of the most brilliant and widely respected physicians to occupy the Chair of Obstetrics at Jefferson. He



FIG. 45-7. Ellerslie Wallace, M.D. (1819–1885), Ninth Chairman (1862–1883).

was an eloquent speaker, a scholarly writer, and contributed significantly to the development of Obstetrics as a science. In addition, and perhaps most importantly, he pioneered in establishing hospital instruction in obstetrics for medical students in this country and established at Jefferson the first obstetrical clinic in America.

Parvin was born in Buenos Aires in 1829, where his father was a Presbyterian missionary. His mother, the daughter of Caesar Augustus Rodney, who was Attorney General of the United States in the Cabinets of Jefferson and Madison, died when Parvin was only a few weeks old. His father brought him back to this country but died

when Parvin was about seven years old. He was then raised by his guardian, the Reverend Dr. Steel, in Abington, Pennsylvania. He received a baccalaureate degree from the University of Indiana in 1847, taught for three years at the Lawrenceville High School in New Jersey while taking courses in Hebrew and Greek at Princeton Theological Seminary; then received a Master's degree in 1850 from the University of Indiana. He next entered the University of Pennsylvania Medical School, receiving his Medical degree in 1852. After internship at Wills Eye Hospital he became a ship's surgeon before returning to Indianapolis to practice. He was appointed to the Chair of Materia Medica in the Ohio Medical College in 1864, resigning that position in 1869 to become Professor of Obstetrics and Diseases of Women at the University of Louisville. In 1876 he accepted a similar Chair at the College of Physicians and Surgeons of Indianapolis. Two years later he became Professor of Obstetrics at the Medical College of Indiana. In 1882 he returned to the Professorship of Obstetrics at the University of Louisville and the following year was appointed Professor of Obstetrics and Diseases of Women and Children at Jefferson.

Parvin was not long at Jefferson before requesting a lying-in unit. In Jefferson's archives is a letter to Dr. Parvin from the Board of Trustees dated November 26, 1885, permitting the use of two rooms on the second floor of the 1877 Hospital for a maternity area and stating that "it being expressly understood that the rooms shall be under the direction and control of the Hospital Committee and the Professor of Obstetrics, who are specially directed to use every reasonable means to keep the rooms in proper condition by use of antiseptics, etc." In 1888 he gave an address before the American Academy of Medicine in New York entitled *The Necessity for Practical Obstetrics in the Course of Instruction Given by Medical Schools*. In this address he pointed out that the vast majority of American medical students were graduated without ever having witnessed, let alone have charge of, a patient in labor. He stated that the practical teaching of obstetrics should be directly associated with its scientific instruction and made a plea that there should be a maternity facility belonging to every medical school in which practical obstetrics should be taught, and any medical school that failed to do so should be condemned. In this address he reported that up to that time in Jefferson's unit, 34 women had been delivered without a maternal death, the ward



FIG. 45-8. Theophilus Parvin, M.D. (1829–1899), Tenth Chairman (1883–1898).

classes having been instructed by his assistant, Dr. William E. Ashton. Because of lack of room in the Hospital, an outpatient department was established where clinical instruction was also carried out.

Up to that time and, indeed, well into the twentieth century, the majority of women were delivered at home, attended either by midwives or, sometimes, by a physician. Modesty and custom prevented medical students from attending or observing patients in labor. Dr. James S. White, a graduate of Jefferson in the Class of 1834 and the Professor of Obstetrics at the Medical School in Buffalo until his death in 1881, introduced in 1850 the practice of allowing medical students to observe labor and produced a storm of protest and abuse in the medical and lay press, forcing him to bring a suit of libel in self-defense.

On April 4, 1889, the space in the Hospital having been inadequate, the Board of Trustees gave Parvin the authority to “establish a Maternity in accordance with your proposition.” The first real Maternity was subsequently established at 327 Pine Street. This building soon became inadequate because of the increasing number of patients applying for care, and a new maternity home was established at 224 West Washington Square in 1894 (Figure 45-9). Here there were greater opportunities for clinical instruction, and students were assigned to study patients antenatally as well as to observe deliveries, both normal and complicated.

Parvin was a prolific writer and editor. His textbook, *The Science and Art of Obstetrics* (1886), went through three editions and was adopted as a text by a number of schools. In it he recommended that the obstetrician should see his patient from time to time, especially in the latter part of pregnancy, and recommended weekly urine testing for albumin during the last two to three months. This was long before the value of prenatal care had been accepted. He also recommended elective Caesarean section, recognized the usefulness of episiotomy, and showed advanced knowledge for his day of the etiology and treatment of puerperal sepsis.

Dr. Parvin received many honors. He was a founder and later President of the American Gynecologic Society, President of the American Medical Association, the American Academy of Medicine, and the Philadelphia Obstetrical Society. He had numerous other honorary memberships and was Honorary President of the Obstetrics Section at the Berlin International Congress

in 1890 and of the International Congress of Gynecology and Obstetrics at Brussels in 1892.

■ Contributions of Nonfaculty Jefferson Graduates to Obstetrics and Gynecology

There were graduates of Jefferson Medical College who, although not associated with Jefferson during their subsequent careers, made significant contributions to the developing science of



FIG. 45-9. The maternity facility at 224 West Washington Square, established in 1894 for patient care and student instruction.

obstetrics and, particularly, gynecology, during the mid- and late nineteenth century. Those worthy of especial note include Washington L. Atlee, J. Marion Sims, William T. Howard, Thomas A. Emmett, William Goodell, and Robert Battey.

■ Washington L. Atlee, M.D. (1808–1878)

Washington L. Atlee (Figure 45-10) was born in Lancaster, Pennsylvania, graduated from Jefferson Medical College in 1829, and returned to the



FIG. 45-10. Washington L. Atlee, M.D. (1808–1878), Pioneer in operation of ovariectomy (oophorectomy).

Lancaster area to practice. He and his brother, John Atlee, who graduated from the University of Pennsylvania in 1820, were instrumental in reviving the operation of ovariectomy, which had been done only sporadically since McDowell's first one in 1809. Washington Atlee did his first ovariectomy on March 29, 1844, and during the next 34 years he performed 387. In 1845 he had returned to Philadelphia to become Professor of Medical Chemistry in the newly formed Pennsylvania College, a position he resigned in 1852 to attend to his surgical and gynecologic practice. The opposition to his work was widespread. He was denounced by many, including Meigs, who wrote that he would be glad to see his procedures prevented by statute. He was honored eventually by his colleagues however, who elected him President of the Philadelphia County Medical Society in 1874. He was a founding member of the American Gynecologic Society and the American Medical Association. In addition to his ovariectomies, he reported the first successful abdominal myomectomy for fibroids in 1845 and additional experience with myomectomy in 1853.

■ J. Marion Sims, M.D. (1813–1883)

James Marion Sims (Figure 45-11), often referred to as the "Father of American Gynecology," was born in Lancaster County, South Carolina, on January 25, 1813. He graduated from South Carolina College in 1832 and returned to Lancaster where he began the study of medicine with a Dr. Churchill Jones. He then took a course of lectures at the Medical College of Charleston before coming to Jefferson, where he graduated in 1835. He returned to Lancaster to practice but soon moved to Alabama, eventually settling in Montgomery in 1840. It was there that he began to develop his reputation as a surgeon, operating successfully for strabismus, clubfoot, harelip and tumors of the jaw.

It was in 1845 that Sims ventured into woman's surgery with the discovery that the knee-chest position permitted much better visualization of the vagina than had been seen before, aided by the speculum he devised that bears his name. The knee-chest position was later modified to the lateral Sims position, which was more comfortable for the patient. His work over the next five years

in attempting to repair vesico-vaginal fistulae successfully is well known, during which time he devised instruments and technics, including the use of silver wire sutures. He finally achieved success in a patient he had operated upon 30 times, and soon others were cured of this condition. His results were published in 1852, establishing his fame. Afflicted about this time with a chronic diarrhea, he searched for a healthier climate in which to live and moved to New York in 1853.

After settling in New York his practice and reputation grew rapidly. He had an ambition to establish a gynecologic hospital, and this became a reality with the opening of what was to become the Woman's Hospital of New York in 1855, the first of its kind in America. He functioned as Surgeon-in-Chief until, with the outbreak of the Civil War, he found his position as a southerner in New York difficult. Accordingly, he went to Europe, where for the next six years he practiced in England, France, Germany, and Italy, achieving considerable renown and receiving many decorations and awards. During this period he published his one book, *Clinical Notes on Uterine Surgery* (1866). In 1868 he returned to New York, this time as a Consulting Surgeon to the Woman's Hospital, and resumed his practice, although

he continued to commute to Europe. In 1870, during the Franco-Prussian War, he served as Surgeon-in-Chief of the Anglo-American Ambulance Corps.

In 1874 Sims resigned from the Woman's Hospital over a conflict with the Board of Managers about their policies of not admitting cancer patients and of limiting the number of visitors at his operative clinics. He perceived a need for a hospital for the care of patients with cancer and his efforts resulted in the opening of a hospital that evolved into the Memorial-Sloan Kettering Cancer Center.

In addition to his foreign awards and decorations, Sims was widely recognized and respected in his own country. He was elected President of the American Medical Association in 1875, and in 1879 he was elected President of the American Gynecologic Society, of which he had been a founding member.

Sims never had an academic appointment. He told the elder Gross that one of his ambitions was to be a teacher of gynecology in some great school, preferably his alma mater. Professor Wallace, who in 1882 was in failing health and realized that his Chair must soon be vacated, spoke to Gross about it. By this time, however, Sims replied, "My health will not permit my acceptance of so onerous a chair." He died November 13, 1883. A statue to Sims's memory stands on Fifth Avenue in New York opposite the New York Academy of Medicine, another in Columbia, South Carolina, and a third in Montgomery, Alabama.

In addition to his contributions to gynecology, Sims performed the first planned operation on the gallbladder, coining the term, "cholecystotomy," and also urged the surgical treatment of gunshot wounds of the abdomen. He promulgated the steps to be carried out and thus opened up another frontier in abdominal surgery. Sims's son, H. Marion Sims, in 1888 reported on the microscopic study of spermatozoa in cervical mucus, the beginning of the Sims-Huhner test used in infertility studies.



FIG. 45-11. J. Marion Sims, M.D. (1813-1883), the "Father of American Gynecology."

scientific, comprehensive work on this subject in English.” Like Sims, he was a founding member of the American Gynecologic Society and its President in 1882. He died in 1919.

■ William T. Howard, M.D. (1821–1902)

William T. Howard, born in Cumberland County, Virginia, in 1821, graduated from Jefferson in 1844. After practicing for a time in North Carolina, he later moved to Baltimore, Maryland. He was Professor of Diseases of Women and Children at the University of Maryland from 1867 to 1897 and was Visiting Surgeon to the Hospital for Women of Maryland and a Consulting Surgeon to the Johns Hopkins Hospital. He also was a founding member of the American Gynecologic Society and was its President in 1884. He died in 1902.

■ Thomas A. Emmett, M.D. (1828–1891)

Thomas A. Emmett was born in 1828 at the University of Virginia in Charlottesville, where his father was Professor of Materia Medica. After Emmett graduated from Jefferson in 1850 he went to New York where he served as Resident Physician at the Emigrant Refugee Hospital on Wards Island. He joined Dr. Sims in 1855, at which time the latter had opened his Woman’s Hospital of New York.

Emmett’s relation with Sims was almost like father and son, although they were of different temperaments. Emmett excelled in patience, persistence, and an analytical mind. During their years together they devised or improved many pelvic operations, of which Emmett kept case reports and drawings. He served as Sims’s assistant until 1861 when Sims went to Europe, and for the next ten years he carried the responsibility for the work and the Hospital. His biggest achievements were in the field of vesico-vaginal fistula, and in 1868 he published his experience with some 600 cases, of which only three were incurable. He devised numerous instruments including a tenaculum, perineal retractors, curved scissors, needle forceps, and others. His text, *Principles and Practice of Gynecology* (1879), was characterized by Howard A. Kelly as “the first thoroughly

■ William Goodell, M.D. (1829–1894)

William Goodell was born in Malta, October 17, 1829, the son of missionaries. He was educated at Williams College and graduated from Jefferson in 1854. He practiced in Malta and Constantinople before returning to the United States in 1860. He was selected in 1865 to be the first Physician-in-Charge of the Preston Retreat, which had been established by a bequest of Dr. Jonas Preston in 1835 to create a lying-in hospital for indigent married women.⁵ The hospital was completed in 1840, but because of cost and a severe business recession could not be opened for its intended use until 1865. Goodell instituted measures to maintain ventilation and cleanliness, using the four wards in rotation, and insisting on cleanliness of attendants and patients, applying the new principles of asepsis and antiseptic to prevent infection. He resigned in 1887 after having delivered 2,444 women with only six deaths.⁶ In 1874 he was appointed Clinical Professor of Diseases of Women and Children at the University of Pennsylvania and held that position until his death in 1894. He, too, was a founding member of the American Gynecology Society and a founder and President of the Philadelphia Obstetrical Society.

■ Robert Battey, M.D. (1828–1895)

Robert Battey was born in Augusta, Georgia, in 1828. He attended the Philadelphia College of Pharmacy, then graduated from Jefferson in 1857. Following his graduation he studied in Paris from 1858 to 1860, then practiced in Rome, Georgia. He was an eminent gynecologist of his day and was a founding member and President (1888) of the American Gynecologic Society. He was Surgeon-in-Charge of the Gynecological Infirmary in Rome, Georgia, and also Consulting Surgeon of the Martha Battey Hospital, the latter being the gift of Dr. Battey and named after his wife. At the first meeting of the American Gynecologic Society he presented a paper on *Extirpation of the Functionally Active Ovaries for the Remedy of Otherwise Incurable Diseases*, and espoused oophorectomy (he did his first in 1872) for treating

sexual disorders, dysmenorrhea, epilepsy, hysteria, and reestablishing good health in general, indications that we know today are mistaken. He did devise an improved operation for fistula and was the originator of iodized phenol. He died in 1895, and a monument stands to his memory in Rome, Georgia.

■ A Possible Jefferson First: Artificial Insemination

Although assigning “firsts” is always subject to error, there is reported evidence that successful indirect impregnation was first accomplished at Jefferson (1884–1885) by Dr. William H. Pancoast, Professor of Anatomy and a practicing surgeon.⁷ Although never claimed by Pancoast (Jefferson, 1856), a member of his student group, Addison Davis Hard, recalled in 1909 that he had witnessed the event.⁸ Dr. Pancoast was faced with an infertile couple, a Philadelphia merchant and his wealthy Quaker wife. For reasons not clearly stated or known, Dr. Pancoast obtained semen from one of the students without the knowledge of husband or wife and injected it into the uterus of the anesthetized patient with a hard rubber syringe. A healthy son resulted.⁹ Hard stated that Dr. Pancoast later “reluctantly” informed the husband, who to the doctor’s relief was pleased but asked that his wife not be told.

In reaction to the report (1909), a number of comments resulted. The only claim to priority, however, involved another Jefferson graduate, Dr. J. Marion Sims (Class of 1835). A Georgia physician claimed that Dr. Sims had inseminated an anesthetized woman with her husband’s semen. Sims, however, used semen vaginally obtained following intercourse and actually claimed only one successful pregnancy (lost by miscarriage) in a total of 55 injections in six patients¹⁰ He did not continue his experiments, stating that success would require “greater knowledge of the laws of conception.”

It is thus possible that Pancoast’s closely guarded “experiment” was actually the first instance of artificial human insemination.

■ Gynecology Established as a Separate Department (1892)

Since the founding of Jefferson and until 1891, the academic responsibilities included the teaching of

Obstetrics and also Diseases of Women and Children. In 1892 a Department of Gynecology was established with Dr. Edward E. Montgomery appointed as Professor of Clinical Gynecology, and in 1892 Dr. Edwin E. Graham was appointed the first Clinical Professor of Diseases of Children. Obstetrics and Gynecology thus became separate Departments, a division that continued until 1945 when they were reunited under a single Chairman (Lewis C. Scheffey, M.D., Sc.D.). Dr. Parvin continued as Professor of Obstetrics until his death in 1898.

Edward Emmet Montgomery, M.D. (1848–1927); First Chairman of Gynecology (1892–1920)

Dr. E.E. Montgomery (Figure 45-12) was born in Newark, Ohio, on May 15, 1848. He was graduated with a B.S. degree from Dennison University in 1871, then taught school and began reading medicine in the office of Dr. J.J. Hamill for a year. He entered Jefferson in 1872 and graduated in 1874 as President of his class. For the next 15 months he was a resident physician at the Philadelphia General Hospital and then began a general practice in the northwestern section of Philadelphia. During this period he taught private classes at Jefferson Medical College for two years in Physiology and two years in Anatomy. In 1878 and 1879 he taught private classes in operative surgery at the Woman’s Medical College and was Clinical Surgeon to the Woman’s Hospital. In 1878 he was elected to the Obstetric Staff of the Philadelphia General Hospital, a position he held until 1893. In 1879, in that institution, he performed the first successful ovariectomy (oophorectomy) before a public clinic in Philadelphia, the first successful ovariectomy performed at that hospital (although not the first in Philadelphia). In his early years in practice he

performed tracheotomy 28 times for diphtheria. He was the first in Philadelphia (August 16, 1887) to intubate the larynx through the mouth for membranous croup (diphtheria), performing this operation more than 70 times with about 45% recoveries. His increasing work in abdominal surgery eventually led to the abandonment of this type of work.

From 1886 to 1892 Dr. Montgomery was Professor of Gynecology in the Medico-Chirurgical College, filling the Chair of Obstetrics and Gynecology the final two years before accepting the appointment at Jefferson. In addition, he was President of the Medical Staff of St. Joseph's Hospital, where for 35 years he was Gynecologist, as well as Consulting Gynecologist to the Kensington, Philadelphia, Lying-In and the Jewish Hospitals.



FIG. 45-12. Edward E. Montgomery, M.D. (1848–1927), First Chairman of Gynecology (1892–1920).

He contributed frequently to the medical literature and was the author in 1900 of a well-known textbook, *Practical Gynecology*, that went through four editions. Review of his published papers and case reports provides a picture of the evolutionary advance of abdominal and pelvic surgery as the principles of asepsis and antisepsis were increasingly accepted and knowledge of pathology, physiology, and bacteriology was expanding. In 1898, in a paper read before the Camden Medical Society on the *Early Recognition of Malignant Diseases of the Uterus and the Proper Course of Treatment*, he gave what is by current standards a good description of the physical findings and course of disease, as well as the symptoms of what likely was carcinoma of the cervix. In this paper he indicated that when the diagnosis is in doubt the use of the microscope will make the diagnosis certain but “the more experienced the operator the less frequently will he find it necessary to depend upon the microscope.” In the same paper he recommended treatment by vaginal hysterectomy using clamp-forceps that were left on for 36 or more hours and a pack of iodoform gauze for six days, a forerunner of the technique used by James Kennedy (Jefferson, 1899) and for which he was well known.

Dr. Montgomery was active in many medical organizations. He was a founding member and second President of the American Association of Obstetrics and Gynecologists and was the first person to hold membership in both that society and the American Gynecological Society. He was a member of the Board of Trustees of the American Medical Association for 15 years and later its first Vice President in 1910. He also at various times was President of the Philadelphia Obstetrical Society, the Philadelphia County Medical Society, and the Pennsylvania Medical Society, as well as the Jefferson Alumni Association (1895).

After his appointment to the faculty at Jefferson, Montgomery established section demonstrations in the operating room and at the bedside. Students for the first time, under staff supervision, were permitted to examine patients in the clinic. History-taking and clinical instruction became a feature of the curriculum. Lectures to the class in the amphitheater continued, and in that setting patients were brought in for illustration, and operations were also performed (Figure 45-13).

The development and expansion of section teaching on the wards and in the clinics necessitated the appointment of Assistants and

Demonstrators. In this expanded faculty were John M. Fisher, P. Brooke Bland, and F.H. Maier, among others.

By 1903 Dr. Montgomery had included in his staff a professional anesthetist and a pathologist-bacteriologist. The latter was Dr. P. Brooke Bland, later to become the Professor of Obstetrics, who was married to Dr. Montgomery's daughter.

Dr. Montgomery had indicated his intent to resign his professorship in 1917 after 25 years of service. Articles in the newspapers of May 3, 1917, describe his valedictory lecture of that date. His retirement and appointment as Emeritus Professor was nevertheless postponed until 1920, perhaps because of the war. He retired from active practice in 1923 and died on April 17, 1927.

Dr. Thaddeus L. Montgomery, who became a Professor of Obstetrics and Gynecology and Director of the Division of Obstetrics at Jefferson in 1946, was the nephew of Dr. E.E. Montgomery. He states that his uncle after

retirement bought a tract of land and financed a housing project. This business venture failed, causing his estate to be in debt.

Edward Parker Davis, M.D. (1856–1937); First Chairman of Obstetrics (1898–1925)

Following the death of Dr. Parvin in 1898, Dr. Edward P. Davis (Figure 45-14), who was Parvin's



FIG. 45-13. Professor E.E. Montgomery operating in the "pit" in 1898. The surgical team is wearing white coats but no gloves, caps, or masks.

Chief Assistant, was appointed Professor of Obstetrics and filled that position for the next 27 years. During his tenure, increasing facilities for didactic, clinical, and laboratory teaching, both within and without the College, were developed. Clinical instruction was given in the maternity unit at Washington Square and in the amphitheater of the 1877 Hospital. Davis was an interesting and impressive teacher whose lectures were marked by scholarship and a literary quality characteristic of the times. Instruction, in addition to lectures, consisted of manikin courses, weekly quizzes, and case demonstrations in the outpatient clinics and amphitheater. By the early twentieth century, Pennsylvania regulations required that medical students attend 12 obstetric deliveries, so arrangements were made for each student to

witness six deliveries in the Maternity Ward and six in patients' homes.

Dr. Davis held that senior students should have an opportunity to attend a certain number of patients in their homes, believing that this would provide an opportunity to gain insight into the practical phase of obstetrics that could not be acquired elsewhere. This meant that the Department had to provide over 800 full-term maternity patients each year. The Center City Maternity was unable to meet this need, so in 1910 an outpatient department was established at 2545 Wharton Street in anticipation that this neighborhood would provide the necessary patient volume. Here each patient received antenatal supervision and postpartum care, and facilities were provided to accommodate students who were on call for home deliveries. Dr. P. Brooke Bland, describing this facility in the 1928 *Clinic*, noted that in its first 18 years, 6,000 women in confinement were attended by the students with the aid of their supervisors and that "the results with respect to morbidity and mortality compare most favorably with private obstetric practice in general." This dispensary continued to function as an obstetric clinic and a source of patients for home deliveries by students until December, 1946, by which time home deliveries had declined to the point that the facility was no longer needed.

By the time Dr. Davis assumed the Chair of Obstetrics a four-year curriculum had been established in the Medical College. In 1891 the curriculum had been expanded to three years, with basic sciences being taught in the first year. Later, an optional fourth year was offered, and the fourth year became mandatory for those matriculating after June 1, 1895. Obstetrics and Gynecology then, as now, were taught in the third and fourth years.

Edward Davis was born in Baldwinsville, New York, on September 16, 1856, a son of the Reverend Edwin R. and Anna M.D. Parker. He obtained his B.A. (1879) and M.A. (1882) from Princeton. He was graduated from Rush Medical College (now the University of Chicago) in 1882. From 1882 to 1886 he pursued graduate study both in the United States and abroad. After coming to Philadelphia in 1885 he attended classes at Jefferson and graduated in 1887. He then became an assistant to Dr. Parvin and held an appointment as Demonstrator of Obstetrics until 1895, when he was made Clinical Professor of Obstetrics, holding this rank until he was appointed Professor of Obstetrics to succeed Parvin in 1898.

E.P. DAVIS 11 JMC 1888

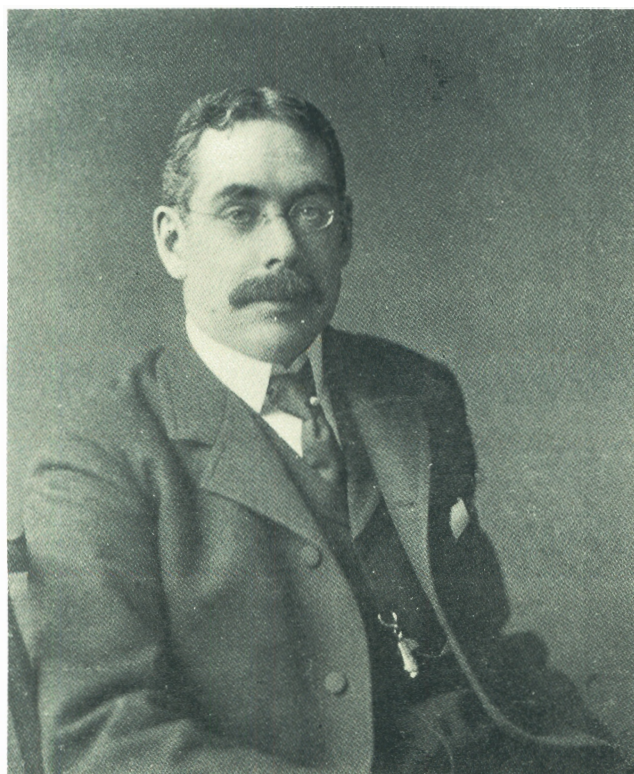


FIG. 45-14. Edward P. Davis, M.D. (1856–1937), First Chairman of Obstetrics (1898–1925).

Davis was editor of the *American Journal of Medical Sciences* from 1890 to 1898. His book, *Treatise on Obstetrics for Students and Practitioners*, published in 1896, went through two editions and was a standard text in a number of institutions. He also published a text on *Operative Obstetrics* in 1911 and a number of papers. He first suggested and was one of the first to use x-rays for pelvimetry and the diagnosis of pregnancy. He was known internationally, and in 1910 was a special representative of the United States at a meeting of the International Obstetrical and Gynecological Society in St. Petersburg, Russia. He was President of the American Gynecological Society in 1910, and President of the Obstetrical Society of Philadelphia (1910–1911).

Dr. Davis had been a classmate of Woodrow Wilson at Princeton, and had maintained a friendship with him. He was the Attending Obstetrician at the birth of President Wilson's grandchild, Woodrow Wilson Sayre, at Jefferson Hospital in March, 1919.

Shortly before his retirement, Davis directed the construction and equipment of the maternity wards on the third floor of the new Thompson Annex on Sansom Street. He retired suddenly in 1925 by remarking one afternoon that this was the last time he would visit the Obstetrical Department or meet his students. He then became an Emeritus Professor. Scheffey reports that he gave an address to the Obstetrical Society in 1935 at the age of 80, speaking for an hour without notes. He passed away October 2, 1937. His specific request was that no obituary notice appear in the daily papers, and this was adhered to.

Brooke Melancton Anspach, M.D., Sc.D. (1876–1951); Second Chairman of Gynecology (1921–1940)

Brooke M. Anspach (Figure 45-15) was appointed Professor of Gynecology in 1921, succeeding Dr. E.E. Montgomery, and was the second Head of Gynecology as a separate Department since its separation from Obstetrics in 1892.

Dr. Anspach was born on March 3, 1876, in Reading, Pennsylvania. He entered Lafayette College in 1892 and after one year attended the University of Pennsylvania Medical School,

graduating in 1897. He was appointed as a Resident Physician at the University Hospital, serving in that capacity until 1900. Dr. John G. Clark, who had been associated with Dr. Howard Kelly at Johns Hopkins, was appointed to the Chair of Gynecology at the University of Pennsylvania in 1899, and Dr. Anspach was his first Intern. Clark brought the advanced teachings of the Kelly Clinic to Philadelphia, and Anspach eagerly accepted an invitation to join his staff.

After two years of training with Dr. Clark, Dr. Anspach went to Berlin in 1920 and studied with Ludwig Pick, then a leading gynecologic pathologist. After returning to Philadelphia, he continued his association with Dr. Clark at the



FIG. 45-15. Brooke M. Anspach, M.D., Sc.D. (1876–1951), Second Chairman of Gynecology (1921–1940).

University of Pennsylvania, advancing in rank to Associate in Gynecology at the Medical School and Assistant Gynecologist in the Hospital. During this period he also served as pathologist to the Kensington Hospital for Women (until 1908), and held the positions of Gynecologist and Obstetrician to the Philadelphia General Hospital, Gynecologist to the Stetson Hospital, and Gynecologist to the Bryn Mawr Hospital. He relinquished all of these appointments except Bryn Mawr upon his appointment to the Chair of Gynecology of Jefferson.

Dr. Anspach was a member of the American Gynecological Society and served as its Treasurer from 1916 to 1922 and as President in 1935. He was Secretary from 1910 to 1914 and Chairman in 1914 of the Section on Obstetrics, Gynecology, and Abdominal Surgery of the American Medical Association. In 1925 he was President of the Obstetrical Society of Philadelphia. He was a Fellow of the College of Physicians of Philadelphia and a member of the Board of Governors of the American College of Surgeons.

Dr. Anspach made numerous contributions to gynecologic literature. His textbook on *Gynecology*, first published in 1921, went through its fifth edition in 1934, and he contributed to a number of other texts. His papers included such subjects as studies of elastic tissue in the uterus, the early diagnosis of adnexal cancer, trends in modern obstetrics (in which he criticized Irving Potter's prophylactic internal version operation), the foundation of an endocrine clinic, conservative surgery of the ovaries, treatment of cancer of the uterus, and others.

On coming to Jefferson in 1921, Dr. Anspach inherited some of the members of Dr. Montgomery's staff, bringing with him none of his former associates. The remainder of his staff was developed from Jefferson graduates who had been Residents (Interns) in the Jefferson Hospital. These included Drs. Lewis Scheffey, John Montgomery, Charles Lintgen, and David Farrell. He also recruited Drs. Roy Mohler, Thomas Costello, and Jacob Hoffman, who had studied pathology in Berlin.

The plan of teaching inaugurated by Dr. Montgomery was continued by Dr. Anspach. Students were given a course of didactic lectures in the third year. In the fourth year there was section teaching, including demonstrations in the operating room, clinical conferences, and examination and treatment of patients in the clinic. With the erection of the Curtis Clinic in 1931, the facilities for instruction in clinical gynecology were increased, and a research laboratory was provided in the new College building, which expanded the studies in gynecologic endocrinology.

Dr. Anspach was awarded the Honorary Degree of Doctor of Science by Lafayette College in 1936 and by Jefferson Medical College in 1946. His portrait was commissioned to be painted and was presented to the College by the Class of 1938.

Dr. Anspach died July 8, 1951, at the age of 75.

Pascal Brooke Bland, M.D. (1875–1940); Second Chairman of Obstetrics (1925–1937)

Upon the retirement of Dr. Edward P. Davis in 1925, Dr. P. Brooke Bland (Figure 45-16) was appointed Professor of Obstetrics. He accepted this appointment at the urging of Dr. Anspach, although his previous interests had been principally in gynecology.

Born May 9, 1875, in Monocacy, a village near Birdsboro, Pennsylvania, he received his early education in the public and private schools of Berks and Montgomery counties. He graduated from Jefferson Medical College with honors in 1901 and was President of his class in his senior year. After graduation he spent the next 15 months as a Resident Physician in the Jefferson Hospital, part of which time was allocated to the newly created position of Resident Pathologist. Following his internship, Dr. Bland became an Assistant to Dr. E.E. Montgomery and a Demonstrator in the Department of Gynecology, while conducting a general practice in South Philadelphia. He studied in Europe in 1907 and in 1910 to enhance his training, after which he gradually limited his practice to gynecology and obstetrics. He held the rank of Assistant Professor of Gynecology from 1910 to 1925, when he was appointed Professor of Obstetrics and Chief Obstetrician of the Jefferson Hospital.

Dr. Bland took on his new responsibility with industry and enthusiasm, thus strengthening the Department academically and in facilities. He was supported by Drs. Norris W. Vaux and Thaddeus L. Montgomery, both of whom were eventually to succeed him in the Chair. Another staunch supporter was Dr. George A. Ulrich (Jefferson, 1901). Dr. Ulrich rose from Instructor to Clinical Professor of Obstetrics by 1931. He was the author of numerous articles on obstetrical subjects and highly regarded by the students for his manikin demonstrations of the mechanics of delivery. He was the first Clinical Professor to have his portrait presented to the College (by the Class of 1941).

Clinical teaching in Obstetrics continued in the Junior year, with requirements for witnessing deliveries in the maternity wards at Jefferson or at the Philadelphia Lying-In Hospital, as well as attending home deliveries out of the Wharton Street Dispensary. Didactic teaching consisted of lectures to the whole class by the Professor and



FIG. 45-16. P. Brooke Bland, M.D. (1875–1940), Second Chairman of Obstetrics (1925–1937).

Senior Associates, manikin courses, and clinical rounds. Graduate education consisted of the rotating internship, 27 months in length, which included a rotation on the obstetric service. The intern's duties were spelled out in detail in a booklet entitled *Rules Governing the Work in the Department of Obstetrics*.

During this period, specialty training in obstetrics and gynecology began to receive increasing attention. Traditionally, one entered general practice following medical school and internship, and received additional training by serving as an assistant to an established specialist. The need for better and more structured training, however, was being recognized, and by 1931, 83 Residency Programs had come into being. The perceived need for guidelines and for criteria of competence resulted in the chartering of the American Board of Obstetrics and Gynecology in 1930. Its first examinations were given in 1931.

Dr. Bland established the first Residency in Obstetrics at Jefferson in 1937, but a combined Residency in Obstetrics and Gynecology was not possible until the Departments were combined in 1946. The first Residents in obstetrics were Drs. John McCormick and Joseph Finn, appointed after completion of their internships, and were paid by Dr. Bland the sum of \$100 per month.

Dr. Bland had an illustrious career, serving as Consultant to a number of hospitals in the Delaware Valley area. He held memberships in many societies, including the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons, the American College of Surgeons, and the Royal Society of Medicine in London. He was a Fellow of the College of Physicians of Philadelphia and the Obstetrical Society of Philadelphia, serving as President of the latter in 1928.

He was the author of numerous papers dealing with Obstetrics and Gynecology as well as two major textbooks: *Gynecology: Medical and Surgical*, published by F.A. Davis Co., 1924, which went through three editions; and *Practical Obstetrics for Students and Practitioners*, the first edition in 1932 with the assistance of Dr. Thaddeus L.

Montgomery, followed by two editions in 1934 and 1939 with the coauthorship of Dr. Montgomery. Dr. Bland's interests extended to the history of medicine,¹³ resulting in a collection of rare books and valuable historical works. This library, which Dr. Bland bequeathed to Jefferson, formed the nucleus of the Section on Historical Collections, which has become an important part of the Scott Library.

Dr. Bland also bequeathed to the Department of Obstetrics and Gynecology his residuary estate after all direct heirs were deceased. This ultimately amounted to over \$1 million and was the largest bequest ever received from an alumnus. The fund has been used to support Fellowship programs in the Department.

Dr. Bland relinquished his Chair to Dr. Norris Vaux in 1937 and became Professor Emeritus. His death on October 31, 1940, at age 65, was an inexplicable suicide.

Norris Wistar Vaux (1881–1958); Third Chairman of Obstetrics (1937–1946)

Norris Wistar Vaux (Figure 45-17) was born on September 1, 1881, in Rosemont, Pennsylvania, the son of Jacob Waln Vaux and Emily Norris Pepper. His family background was unusual in that the names of Wistar, Pepper, Norris, and Vaux were derived from old, prominent, and distinguished Philadelphia antecedents.¹² During his early undergraduate years at the Delancey School his popularity was evidenced by election to the F.X.I. Fraternity for outstanding ability in the Interacademic Schools. He entered the University of Pennsylvania in 1900 and completed his premedical and medical education by 1905. While in his senior year he was elected to the Sphinx Society as one of the 25 outstanding members of the class, and he rowed on the Varsity crew. After serving his internship at the Pennsylvania Hospital

(1905–1907), he completed a year of study in Europe, chiefly in obstetrics at the Rotunda Hospital, Ireland, under Ernest Hastings Tweedy.¹³

Upon returning to the United States to start a general practice at Chestnut Hill, he also started his academic career at Jefferson as Instructor in Obstetrics under Dr. E.P. Davis, where he gave a course in operative obstetrics. This was interrupted by World War I, in which he served from May, 1917, to April 19, 1919. With the American Expeditionary Forces in Base Hospital Unit No. 10 (The Pennsylvania Hospital Unit) and the British General Hospital Unit No. 16, he served overseas for 23 months and was discharged with the rank of Major.¹⁴

In 1919 Dr. Vaux became a member of the staff of the Philadelphia Lying-in Hospital, Obstetrician to the Chestnut Hill Hospital, and Chief Obstetrician to the Bryn Mawr Hospital (1921–1926). By 1925 he rose to the rank of Clinical Professor of Obstetrics at Jefferson.

Dr. Vaux was highly respected for his teaching of a system of obstetrics that was practical for the



FIG. 45-17. Norris W. Vaux (1881–1958), Third Chairman of Obstetrics (1937–1946).

needs of those going into clinical practice. His lectures were plain, well organized, and interspersed with illustrations and an occasional quiz that demanded only the essential facts of his subject. The important features and common complications associated with pregnancy and delivery were adequately covered. Added to this was his personal warmth, sense of humor, and refinement that marked him as a man “to the manor born.” His attention to all aspects of his duty was no better exemplified than in his visits to the ward, the last thing in the evening before going home, to be sure there were no unresolved problems. He was not loath to come in at night to aid in a complicated ward delivery case.

Dr. Vaux was not a prolific writer, but he was editor of *Edgar's Obstetrics* and published numerous papers on eclampsia, antenatal care, pyelitis of pregnancy, placenta praevia, and postpartum hemorrhage. His concern for possible postpartum hemorrhage in certain high-risk cases was accentuated by his demand for the availability of blood for the time of delivery, not a common practice at that time.

In 1937 Dr. Vaux was appointed Chairman of the Department of Obstetrics at Jefferson, a position he held until the end of 1946, at which time he was made Emeritus. In 1938 the Philadelphia Lying-In Hospital merged with the Pennsylvania Hospital, and he became Director of the Department of Obstetrics and Gynecology at that institution also. He was the first Chairman of the Section of Obstetrics and Gynecology of the Pennsylvania State Medical Society in 1936 and President of the American Gynecological Society (1946–1947). The latter position was one of the highest honors in American Gynecology and Obstetrics. The senior class presented his portrait to the College in 1947.

From 1943 to 1947, Dr. Vaux served on the American Board of Obstetrics and Gynecology. He also held membership in the Philadelphia College of Physicians, the Philadelphia Obstetrical Society, the American Committee on Maternal Welfare, and Honorary Membership of the Barton C. Hirst Obstetrical Society and the Washington Gynecological Society. For many years he was Honorary Surgeon to the 1st Troop Philadelphia City Cavalry.

Age the age of 65, Dr. Vaux took the mandatory retirement, effective January 1, 1947, but did not consider his career at an end. On January 21 of that year he became Pennsylvania's ninth Secretary of Health following the

inauguration of Governor James H. Duff.¹⁵ His task was to direct an investigation to determine the need for rehabilitation and treatment centers for the assistance of crippled children and adults whose afflictions rendered them useless to society. He served with distinction in this position until 1951, at age 70. Until his death on August 19, 1958, he remained a Consultant in Obstetrics and Gynecology at the Bryn Mawr Hospital.

Lewis Cass Scheffey, M.D. (1894–1965); Third Professor of Gynecology (1940–1946), Eleventh Chairman of Obstetrics and Gynecology, and Director of the Division of Gynecology (1946–1955)

Dr. Lewis C. Scheffey (Figure 45-18) succeeded Dr. Brooke M. Anspach as Professor of Gynecology and Head of the Department upon the latter's retirement in 1940.

Born in Reading, Pennsylvania, in 1894, Scheffey attended the public schools and received his premedical education at the Philadelphia College of Pharmacy and Science, graduating in 1915. He graduated from Jefferson Medical College in 1920 and continued for 27 months as a rotating Intern in the Hospital. Following internship he became Assistant to Dr. Anspach and joined the faculty as an Assistant Demonstrator of Gynecology. He rose steadily through the faculty ranks and was promoted to Clinical Professor of Gynecology in 1938.

Dr. Scheffey had a lifelong interest in pelvic cancer, which led him to establish a Pelvic Cancer Clinic in the gynecology outpatient department in 1928. He continued to direct this Clinic until 1955. Particularly remarkable was its record of complete follow-up studies on nearly 100% of treated

patients for over 30 years. He was an early advocate of the value of cervical vaginal cytology and collaborated with George N. Papanicolaou, Joe Vincent Meigs, and others in developing the Inter-Society Cytology Council, serving as President in 1956. He was active in the American Cancer Society and was President of the Philadelphia Division in 1957. He received that Society's gold medal in 1962 in recognition of his contributions to cancer control.

In 1946 upon the retirement of Dr. Norris Vaux as Professor of Obstetrics, the two Departments



FIG. 45-18. Lewis C. Scheffey, M.D. (1894–1965); Third Chairman of Gynecology (1940–1946), Eleventh Chairman of Obstetrics and Gynecology, and Director of the Division of Gynecology (1946–1955).

were reunited with the appointment of Dr. Scheffey as Professor of Obstetrics and Gynecology, Chairman of the Department, and Director of the Division of Gynecology. Dr. Thaddeus L. Montgomery returned then from his Professorship at Temple University to become Professor of Obstetrics and Gynecology and Director of the Division of Obstetrics.

The formation of a unified Department permitted the development of a completely integrated program of instruction for medical students as well as the unification of the residency program. The result was the production of a well-rounded teaching program that improved the training of students, residents, and staff.

In 1949 a new maternity wing was opened with seven private and 32 semi-private beds, and facilities for ward patients were expanded. In addition, newborn nursing facilities were provided for care of both full-term and premature babies. The new facilities were equipped with airconditioning and piped-in oxygen. The new rooms were designed to permit "rooming-in" of babies. The Annual Report of 1950 indicated that to that time over 4,500 had been cared for with "rooming-in" in the wards and private rooms at Jefferson, making it a leader in the development of that concept.

By 1953 the teaching facilities consisted of 40 obstetrical ward beds and 32 gynecologic ward beds, as well as the outpatient clinics. In addition, there were affiliations with the Philadelphia General Hospital, Methodist, Cooper, Mt. Sinai, Germantown, and St. Joseph's Hospital.

Dr. Scheffey devoted much attention to bettering the teaching program. As the end of his Chairmanship drew near, the faculty had been augmented to include a number of well-known and able staff members. In the Division of Obstetrics under Professor Thaddeus L. Montgomery, Dr. Abraham E. Rakoff, Clinical Professor, was pursuing his research in gynecologic endocrinology with many publications and presentations that signaled his emergence as a national authority. Drs. J. Bernard Bernstine and Mario A. Castallo were also Clinical Professors and were leaders in student instruction. Assistant Professors included Drs. Arthur First, James F. Carrell, John F. Duggar, Joseph L. Finn, and Warren R. Lang. The Division of Gynecology included Dr. John B. Montgomery, Professor, as well as four Clinical Professors: Drs. Rakoff, I. Charles Lintgen, Roy W. Mohler, and Jacob Hoffman. Assistant Professors were Drs. David M. Farrell, George A. Hahn, William J. Thudium, J.

Edward Lynch, George A. Porrecca, and Warren R. Lang.¹⁶

The Class of 1954 honored Dr. Scheffey by presenting his portrait to the College. He was also active in the Alumni Association and served as its President in 1944. His Society memberships and activities were extensive. In 1958 he was elected President of the American Gynecologic Society. He was also President of the Philadelphia County Medical Society, the Obstetrical Society of Philadelphia, and the College of Physicians of Philadelphia.

Dr. Scheffey retired and became Professor Emeritus of Obstetrics and Gynecology in 1955. He died after a long illness in 1969 at the age of 75.

Thaddeus Lemert Montgomery, M.D., LL.D. (1896–); Twelfth Chairman (1955–1961)

Dr. Thaddeus L. Montgomery (Figure 45-19) was appointed to the Chairmanship in 1955 following the retirement of Dr. Lewis C. Scheffey. He was thus the second Chairman since the reunion of the Departments of Obstetrics and Gynecology in 1946.

Born May 24, 1896, in Macon, Illinois, Dr. Montgomery was educated in the public schools of Decatur, Illinois, and received the A.B. degree from the University of Illinois. He matriculated at Jefferson in 1916 and received his M.D. degree in 1920. Following graduation he interned at Jefferson Hospital.

The internship at that time was a two-year rotating one. Residency programs had not yet been established, and specialty training was by preceptorship or assistantship to a Professor. In this way one acquired judgment and experience, but not much responsibility. There was usually no stipend, and the assistant supported himself by doing general practice.

Following his internship, Dr. Montgomery became an assistant to Dr. E.E. Montgomery, his uncle, who was then the Professor Emeritus of Gynecology. During that period (1922–1925) he held appointments as Instructor in Anatomy and Instructor in Surgery. When Dr. Bland was appointed to the Professorship of Obstetrics in 1925, Dr. Montgomery became his assistant, a position he held until 1935, while maintaining a

general practice. In the Department of Obstetrics from 1925 to 1940 he rose through the academic ranks to Clinical Professor of Obstetrics.

In 1940 Dr. Montgomery resigned to become Professor of Obstetrics and Gynecology and Head of the Department at Temple University School of Medicine. His appointment at Temple signaled the combination of the Departments of Obstetrics and Gynecology into a single entity, the first so constituted in Philadelphia.

In 1946 following the retirement of Dr. Norris W. Vaux as Professor of Obstetrics, the Departments of Obstetrics and Gynecology at Jefferson were reunited under the Chairmanship of Dr. Lewis C. Scheffey. Dr. Montgomery then returned to Jefferson as Professor of Obstetrics and Gynecology and Director of the Division of



FIG. 45-19. Thaddeus L. Montgomery, M.D. (1896–), Twelfth Chairman (1955–1961).

Obstetrics. He continued in that position until Dr. Scheffey retired in 1955, when he was appointed to succeed Dr. Scheffey as Chairman.

The reunion of the two Departments had contributed to the development of a correlated curriculum that greatly strengthened the undergraduate and graduate teaching programs and encouraged research by members of the Department.

Dr. Montgomery was deeply interested in the "physiologic approach" to childbirth and the establishment of sound physiologic practices in obstetrics. He was concerned about the overuse of operative procedures at delivery and overuse of anesthesia and analgesia and was thus an early proponent of so-called natural childbirth. He was instrumental in introducing "rooming in," allowing the newborn infant to be kept in the room with its mother, as early as 1947 at Jefferson. A stimulus for this practice was concern about the prevention of infection in the newborn nursery. Additionally, he was interested in breast disease and worked to arouse the recognition by obstetricians of their responsibility in the diagnosis of diseases of the breast and to include examination of the breasts in the physical examination.

Additional interests included placental pathology, maternal and prenatal mortality and infection, and in later years, adolescent sexuality and para-marriage (living together as if married, on a trial basis).

He has held memberships in numerous societies, including the Obstetrical Society of Philadelphia (President, 1941–1942), the College of Physicians of Philadelphia, the American Gynecological Society, the Association of Obstetricians, Gynecologists, and Abdominal Surgeons (President, 1955–1956), the American Gynecological Club, the American College of Obstetricians and Gynecologists, and others.

He was editorial assistant to Dr. P. Brooke Bland of a *Textbook of Practical Obstetrics* published in 1932. He was coauthor of two subsequent editions in 1934 and 1939, and the author of a number of papers on the subjects of his interest.

He also served as Chairman of the Obstetrics and Gynecology Section on the National Board of Medical Examiners.

Dr. Montgomery served as President of the Alumni Association (1948–1949) and has remained active in that organization during the subsequent 38 years. In 1963 he was awarded the honorary LL.D. degree at Jefferson's Commencement Exercises.

Dr. and Mrs. Montgomery presented an electric organ to Jefferson in memory of their son, Richard, in 1957. Placed in McClellan Hall, the organ is used for University events.

Dr. Montgomery retired from the Chairmanship and was given the title of Professor Emeritus of Obstetrics and Gynecology on July 1, 1961. Following his retirement as Chairman, he continued in active practice for approximately 20 more years and remains actively engaged in his avocation of painting.

John Barrick Montgomery, M.D., Sc.D., Pd.D. (1900–1987); Thirteenth Chairman (1961–1965)

Dr. John B. Montgomery (Figure 45-20), who had served as Co-Chairman of the Department of Obstetrics and Gynecology from 1955 to 1961 under Dr. T.L. Montgomery, was not a relative. He assumed the Chairmanship when Dr. T.L. Montgomery became Emeritus on July 1, 1961.

Born March 11, 1900, in Lewistown, Pennsylvania, John Montgomery was educated in the public schools of Huntingdon, Pennsylvania, and graduated from Juniata College with the A.B. degree in 1921, followed by a year in graduate school at the University of Pennsylvania. He then entered Jefferson Medical College, where he received his M.D. degree in 1926. He was elected to Alpha Omega Alpha. Following graduation he interned at Jefferson (1926–1928) and then served as a private assistant to Professor Brooke M. Anspach in the Department of Gynecology from 1928 to 1940. During this period he was promoted through the academic ranks, attaining the appointment of Clinical Professor of Gynecology in 1940 and Professor of Obstetrics and Gynecology in 1952. He became Co-Chairman of the Department in 1955.

During his tenure as Chairman, development of the Departmental programs and curriculum continued. The student clerkships were restructured with a six-week block in the third year spent primarily in the clinics, and a five-week block in the fourth year spent on the inpatient services. A core residency of three years was established, and clinical fellowships in Endocrinology were strengthened under the tutelage of Dr. Abraham E. Rakoff. Partly salaried faculty positions, which had been inaugurated during Dr. T.L. Montgomery's Chairmanship, were expanded to strengthen the teaching programs. Drs. Benjamin Kendall and David Farrell were developing techniques in fetal electrocardiography, forerunners of electronic fetal monitoring. Dr. Montgomery was always interested in the progress of the young men in the Department, giving them responsibility and supporting their advancement in other ways. He was always regarded by his students and colleagues as a superb teacher and clinician. This feeling was expressed by the Class of 1965 with presentation of his portrait to the College.



FIG. 45-20. John B. Montgomery, M.D. (1900–1987), Thirteenth Chairman (1961–1965).

Dr. Montgomery was active in local and national medical organizations and held office in several. He served as President of the Obstetrical Society of Philadelphia, and as Vice President of the Philadelphia County Medical Society. In addition, he was a fellow of the American College of Surgeons, the American Gynecological Society, and the American Association of Obstetricians and Gynecologists, among others.

He was also active in civic and social organizations, serving as a Trustee of Juniata College, where he was awarded the honorary degree of Doctor of Science in 1951. He served as President of the Alumni Association (1961–1962). Jefferson awarded him the honorary degree of Doctor of Pedagogy in 1972 and the Alumni Achievement Award in 1979.

The philosophy of his career was based upon his appeal for sympathy and understanding of patients as well as for medical competence. The Jefferson Obstetric and Gynecologic Ex-Resident Society (JOGERS) placed a plaque in the Hospital in 1976 honoring both Drs. John B. Montgomery and T.L. Montgomery for their dedication and teaching efforts.

During these years, a number of members of the staff were performing loyal and dedicated services, contributing to the effectiveness of teaching and advancing the interests of the Department. Among these was Dr. Paul A. Bowers (B.S., Bucknell University, 1933; M.D., Jefferson, 1937) who following Jefferson internship received his specialty training at Chicago Lying-In Hospital (1939–1942). In wartime Army services (1942–1946) he was distinguished by advancement to the rank of Colonel. He joined Dr. Thaddeus L. Montgomery in 1946 and rose academically to full Professorship. As a respected teacher, author of many papers, and an active alumnus, Dr. Bowers' portrait was presented to Jefferson in 1982, and in 1983 he was named Professor Emeritus. He was President of the Alumni Association in 1973 and elected to the first of two terms as Alumni Member of the Board of Trustees in June, 1984. Among many other honors, he received the Winged Ox Award of Thomas Jefferson University in 1985.

Burton L. Wellenbach (Jefferson 1944) joined the staff shortly after World War II and served for many years, advancing to Clinical Professor. In 1983 he served as President of the Alumni Association, and in 1988 he received the Leon A. Peris Award for Distinguished Teaching and Patient Care. Joseph P. Long (Jefferson, 1939) was also a career member of the Department, beginning after military service in 1946 and advancing to Clinical Professor before retiring from Jefferson in 1980. Alvin F. Goldfarb was active in teaching and research, advancing to Professorial rank. Arnold Goldberger (Jefferson, 1933) became Honorary Clinical Professor; Basil J. Giletto (Jefferson, 1937), Assistant Professor; Amos S. Wainer, Assistant Professor; Stewart First (Jefferson, 1956) and Howard First, both Clinical Associate Professors.

Dr. Montgomery died June 30, 1987.

Roy G. Holly, M.D., Ph.D.; Fourteenth Chairman (1965– 1974)

According to the rules of the faculty and the Board of Trustees, the date for Dr. John B. Montgomery to relinquish his Chairmanship would ordinarily have been June 30, 1965. The new Chairman, Dr. Roy G. Holly, however, agreed and the Board concurred, that his appointment should begin February 1, 1965. Dr. Montgomery in his characteristic gracious manner, therefore terminated his responsibilities January 31, 1965. He expressed his confidence that the “new regime will bring strength in the areas of weakness and increased vigor and efficiency in the areas where we are strong.”¹³

Dr. Holly (Figure 45-21) was born on September 29, 1919, in Waupaca, Wisconsin. He obtained his professional degrees from the University of Minnesota: B.S. (1941), M.B. (1943), M.D. (1944), and Ph.D. (1952). His postdoctoral clinical training was experienced at the University

of Minnesota Hospitals: Internship (1943) and Residency in Obstetrics and Gynecology (1944–1946 and 1948–1949). At the University of Minnesota he served on the faculty as Instructor through Associate Professor (1948–1954). Continuing his academic career at the University of Nebraska in the Department of Obstetrics and Gynecology, he was appointed Professor (1954–1956), Professor and Chairman (1956–1961), Dean of the Graduate College (1961–1962), and Vice-Chancellor and Dean (1962–1965). His society memberships encompassed Sigma Xi, American College of Obstetrics and Gynecology, American Gynecological Society, American Association of Obstetricians and Gynecologists, Association of Graduate School Deans, Association of Professors of Gynecology and Obstetrics, Central Association of Obstetricians and Gynecologists, Society for Gynecologic Investigation, and others.

Dr. Holly held positions such as President of the Nebraska State Society of Obstetrics, Associate Examiner of the American Board of Obstetrics and Gynecology, Chairman of the Obstetrics Test Committee of the National Board of Medical Examiners, President of the Association of Professors of Gynecology and Obstetrics, Member of the National Advisory Council of the National Institute of Child Health and Human Development, and Editor-in-Chief of *Gynecology and Obstetrics Guide* of Commerce Clearing House



FIG. 45-21. Roy G. Holly, M.D. (1919–), Fourteenth Chairman (1965–1974).

(1963). Between 1946 and 1963 he had published 34 articles in which 24 were devoted to iron metabolism and hematologic disorders of pregnancy. His other research interests were in gynecologic malignancy and endocrinology.

The prime expectation in the appointment of Dr. Holly, who at that time was 45 years of age, was to expand research and develop new strength in that area within the Department. In conjunction with this aspect was Dr. Holly's immediate hope to create at Jefferson a Research Institute in Perinatal Biology. This exciting project had the full endorsement of James M. Large, Chairman of the Board of Trustees, William W. Bodine, Jr., President of the Medical College, William A. Sodeman, Vice President and Dean of the College, and Kenneth R. Erfft, Vice President and Treasurer. It was proposed that the Research Institute be an extension of the National Institute of Child Health and Human Development Direct Operations, funded and operated jointly by Jefferson Medical College and the National Institute of Child Health and Human Development. The proposed Institute was planned to meet the criteria established by the National Institute for the creation of a Research and a Research Training Program with objectives compatible with those of a newly organized Department of Obstetrics and Gynecology at Jefferson under Dr. Holly. This exciting project envisioned research in endocrinology and fertility, maternal and fetal physiology, teratology, genetics, neonatal physiology and development, and neonatal behavior. A second component of the plan was a Training Program in Research and Clinical Aspects of Obstetrics and Gynecology. The third component was one of Communications devoted to Computer Services and a Service Information Center.¹⁸ Unfortunately, this plan with details for administration, space and funding, which had held reasonable promise of consummation, did not materialize and was a keen disappointment.

For several years the Department moved along in its accustomed momentum with a loyal staff, and the two former Chairmen, Drs. Thaddeus L. Montgomery and John B. Montgomery, remained active in the Hospital. It slowly became apparent, however, that a creeping inertia was enveloping the Department. Problems that eventually surfaced involved the Maternal and Infant Care Programs, relationships with the affiliated hospitals, and weak supervision of the financial affairs of the Department. Dr. Holly made attempts to

reorganize his Department, but mutual frustration increased between himself and the staff.

A worsening effect on the obstetrical component was the significant decline in the birth rate in the United States. It became socially desirable to have a small family, a goal aided by the widespread use of contraceptive methods and the acceptance of therapeutic abortion. The fertility rate by 1973 fell to its lowest level in the nation's history, with fewer than 2.1 children per completed family required for a one-to-one replacement of the population. A significant number of hospitals were closing their obstetric units or considering such a move in view of the cost of providing staff and facilities for reasonable and improved obstetric care. Jefferson was caught in this crunch, with loss of staff and fewer deliveries, to the extent that a few voiced the notion that perhaps Jefferson should discontinue an obstetrical service altogether and arrange for this function elsewhere. This, of course, was inconceivable for a teaching institution with obligations to instruct students in the Medical and Allied Health Colleges as well as the Hospital's commitment to total health care. In addition, by 1974 plans for a new clinical facility (Thomas Jefferson University Hospital of 1978) were underway, in which a modern viable obstetric and perinatal service was necessary.

Dr. Holly appointed Martin B. Wingate, M.D., as Chairman of a Task Force Committee on the Future of Obstetrics at Jefferson. This Committee met on ten occasions following its inception on September 20, 1973. A report on March 12, 1974, made urgent short-term recommendations for immediate implementation.¹⁹ These were summarized as:

1. Improvement of facilities within the present physical plant to meet the requirements of a regional referral center, with particular emphasis on the immediate acquisition of fetal and maternal monitoring equipment (approximate cost of \$150,000).
2. Implementation of an outreach program in

cooperation with the Regional Medical Program Director and the Department of Family Practice.

3. Positive efforts to reattract members of the Jefferson staff who had reduced their obstetric and gynecologic patient commitment to Jefferson.

4. Make personal approaches to individual physicians within a geographic area Jefferson could be considered to serve to encourage them to transfer their affiliation and practice to Jefferson.

5. To minimize costs to patients and to work directly with city health authorities to meet their requirements.

Dr. George J. Andros, in charge of the residency program, was critical of the effectiveness of the program associated with the decline in applications for the residency.

Dr. Holly felt disinclined to cope with these formidable challenges, and tendered his resignation as Chairman on March 18, 1974. He remained a full-time Professor under the Rules and Regulations of the College Practice Plan.

After review of full-time and volunteer members of the Department, it was agreed that a logical choice for Acting Chairman was Dr. James H. Lee, Jr. Dr. Lee was a retired senior naval officer who had had administrative experience as Chairman of the Department at the Naval Hospital, Philadelphia, plus administrative experience at Hahnemann Medical College and Hospital. He was a 1945 graduate of Jefferson Medical College and a full-time member of the faculty.

Dr. Holly resigned his position on the faculty, effective January 1, 1975, to pursue a new position in Wisconsin.

James Harold Lee, Jr., M.D.; Acting Chairman (1974–1975), Fifteenth Chairman (1975–1987)

Following the resignation of Dr. Roy G. Holly from the Chairmanship, Dr. James H. Lee, Jr.

(Figure 45-22) was appointed Acting Chairman on March 18, 1974. A search committee was formed that concluded with the appointment of Dr. Lee to the Chair, effective July 1, 1975.

Born in Philadelphia, Pennsylvania, on December 5, 1920, Lee was educated in the public schools of Drexel Hill, Pennsylvania, and Wilmington, Delaware. He was graduated from Dickinson College, Carlisle, Pennsylvania, with the B.A. degree in 1942, and then entered Jefferson Medical College in June of that year. His interest in medicine as a career, as well as the desire to seek admission to Jefferson, had been strongly influenced by his uncle, Arthur R. Gaines (Jefferson, 1916) who had an illustrious career in the U.S. Army and later as Superintendent of the Landis State Hospital in Philadelphia. The class that entered in 1942 was the first to go all the way through medical school in the accelerated program devised to graduate more quickly the physicians needed for the military services during World War II. This was accomplished by maintaining the same curriculum but by eliminating summer vacations and extended holiday breaks, completing the course of instruction in three years rather than four. This year-round program produced some strains and stresses for faculty and students alike. Air-conditioning in the College was nonexistent, and the dress code was modified somewhat by allowing the class to wear long-sleeved white sport



FIG. 45-22. James H. Lee, Jr., M.D., Fifteenth Chairman (1975–1987).

shirts instead of the usual coat and necktie during that first summer. By the next year almost everyone was in uniform as the Army Student Training Program and Navy V-12 Program were instituted, eliminating the problem of deciding what to wear. Despite the increased hardships, the faculty and students managed well through those years. Dr. Lee graduated in the Class of 1945, having served as class President since his sophomore year.

Following graduation Lee served a rotating internship at the U.S. Naval Hospital, Brooklyn, New York, from June 1945 to March 1946. The usual period of one year had been reduced to nine months during the war, but Dr. Lee took an additional four months in obstetrics and gynecology at the same institution. After a tour of duty as Medical Officer aboard the *U.S.S. Amphion* and a few months at the Philadelphia Naval Hospital, he was appointed to the residency program in Obstetrics and Gynecology at the U.S. Naval Hospital, Chelsea, Massachusetts. During graduate training he served as a Fellow in Pathology under Arthur T. Hertig at the Free Hospital for Women, Brookline, Massachusetts (1948–1949). Following residency training in 1951, he served as Chief of Obstetrics and Gynecology at the U.S. Naval Hospital, Beaufort, South Carolina, from 1951 to 1953, and on the staff of Commander, Pacific Service Forces (1953–1954). He resigned from the Navy in 1954 and engaged in the private practice of Obstetrics and Gynecology in Newport News, Virginia, until 1957. During that period he also served as Civilian Consultant to the Army Hospital at Fort Eustis, Virginia. He returned to the Navy in 1957 as Chief of Obstetrics and Gynecology at the U.S. Naval Hospital, Camp Lejeune, North Carolina, until 1961. He then became Chief of Obstetrics and Gynecology at the U.S. Naval Hospital in Philadelphia, a position he held until retirement from the Navy with the rank of Captain on December 31, 1966. While at the Philadelphia Naval Hospital, he was appointed to the Jefferson faculty by Dr. John B. Montgomery and developed an affiliated program for Jefferson students at the Naval Hospital.

In January, 1967, Dr. Lee was appointed to the full-time faculty at Hahnemann Medical College and Hospital as Professor and Co-Chairman of the Department of Obstetrics and Gynecology under Dr. George C. Lewis, Jr., who was the Department Chairman. In July, 1973, he resigned his position at Hahnemann and was appointed to

the full-time faculty at Jefferson, as was Dr. Lewis.

Dr. Lee holds memberships in a number of professional societies, including the American College of Obstetricians and Gynecologists, the College of Physicians of Philadelphia, the Obstetrical Society of Philadelphia (Treasurer, 1970–1973; Vice President, 1975–1976), the American Radium Society, Association of Professors of Gynecology and Obstetrics, and Society of Medical Consultants to the Armed Forces, among others. His clinical interests have been in gynecologic oncology and in genital anomalies. He has had a longtime commitment to medical education.

During this period the administrative structure of the Department was reorganized and restructured to make it academically more effective. Considerable effort was directed toward improving communication and integration into Departmental activities of both full-time and volunteer faculty. This in turn contributed to an increase in patient volume in the hospital as a number of volunteer faculty began to concentrate all or most of their practice in the Thomas Jefferson University Hospital. The Department in 1975 assumed responsibility for the outpatient services and integrated these into the practice of the full-time faculty with the objectives of providing high-quality care for patients and improved supervised clinical training for residents and students. This, too, began to increase the number of patients cared for both in the ambulatory setting and in the hospital.

The residency program was restructured and expanded, and affiliations for resident training were developed with Our Lady of Lourdes Medical Center and Bryn Mawr Hospital and expanded with Methodist Hospital.

Undergraduate education received continuous attention with the development of a core clinical clerkship in the third year and an expanded elective program for seniors. Notable among clinical faculty members during these years were Clinical Associate Professors Leon A. Peris (Jefferson, 1955), Leopold S. Loewenberg

(Jefferson, 1956), Marvin R. Hyett (Jefferson, 1963), F. Susan Cowchock (Jefferson, 1968), and David M. Goodner and Ronald E. Traum (Jefferson, 1957). Clinical Assistant Professors included George M. Arnas (Jefferson, 1956), Lorraine C. King, Bruce B. Montgomery (Jefferson, 1960), and Edward M. Podgorski (Jefferson, 1954).

The development and expansion of subspecialty programs in the Department led in turn to the establishment of Departmental Divisions in Endocrinology, Gynecologic Oncology, and Maternal-Fetal Medicine. As these subspecialties received recognition by the American Board of Obstetrics and Gynecology and a certification process was developed, fellowship programs for postresidency training in these areas were organized and accredited. The program in endocrinology under Dr. Abraham Rakoff had been going on for many years. The new Division of Gynecologic Oncology was headed by Dr. George Lewis and strengthened by his appointment as Head of a national cooperative, the Gynecologic Oncology Group. The new Division of Maternal-Fetal Medicine was headed first by Dr. George Andros and later by Dr. Ronald Wapner. This latter program led to development of Jefferson as a major regional referral center for high-risk obstetrical patients. Physical facilities were improved and expanded for the care of patients both in the ambulatory setting and in the hospital to accommodate the changes occurring in patient care.

Dr. Lee retired from the Chairmanship July 1, 1987, but continued his work in the Department as a Professor of Obstetrics and Gynecology.

Oren Richard Depp, III, M.D.: Sixteenth Chairman (1987–)

Dr. Depp (Figure 45-23) was appointed the new Chairman July 1, 1987. Born in Glasgow, Kentucky, in 1938, he received his B.S. (1959) and

M.D. (1963) from Tulane University. Following an internship at Charity Hospital (1963–1964), he completed his residency at Tulane-affiliated Southern Baptist Hospital (1964–1967) in New Orleans, he then became Senior Research Fellow in Reproductive Medicine in the Department of Obstetrics and Gynecology at the University of Washington Medical School, Seattle, Washington (1967–1968). There followed a succession of academic appointments at University of Washington School of Medicine, University of Pittsburgh School of Medicine and Northwestern University Medical School, culminating in his advancement to full Professor of Obstetrics and Gynecology at Northwestern in 1981. He was also Director of the Division of Obstetrics at Prentice Women's Hospital and Maternity Center of Northwestern Memorial Hospital.

Dr. Depp became known in the field of perinatology for his research in high-risk obstetrics including the prevention of preterm birth and the

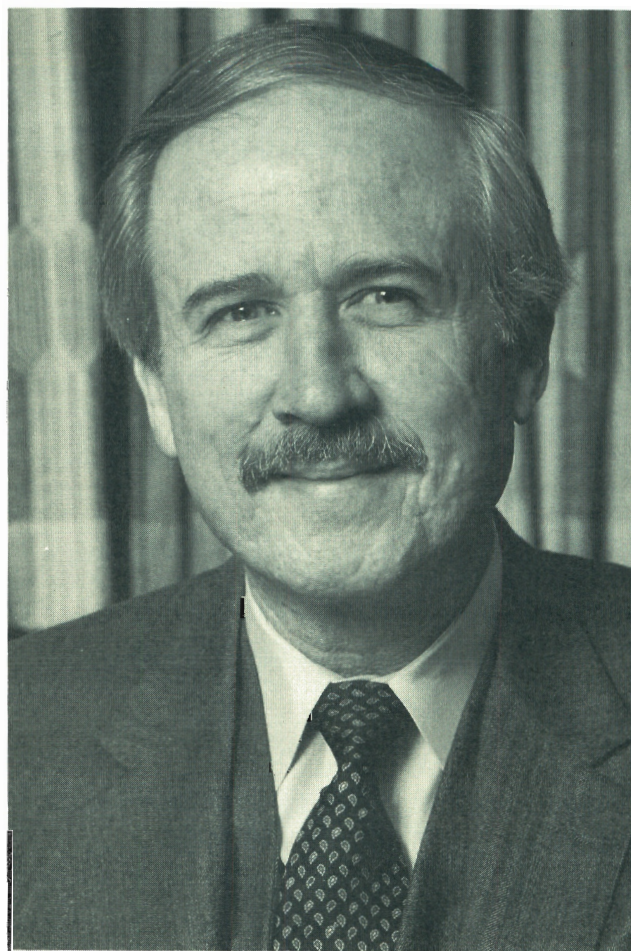


FIG. 45-23. O. Richard Depp, III, M.D., Sixteenth Chairman (1987–).

disorders of fetal growth. Major support was provided by the March of Dimes Birth Defects Foundation, as well as grants for studies on neonatal respiratory disorders, diabetes in pregnancy, and other projects received from the National Institute of Child Health and Development.

He has been a prolific author of medical articles, has served on the editorial board of *Fetal Medicine*, and has been an associate editor and reviewer for other journals. He has also been active in the major societies in his field.

Plans for the Department at Jefferson include the establishment of an Antenatal Evaluation Center where obstetricians together with ultrasound and genetics staff will provide the most advanced services available for the care of the mother, fetus, and newborn. An in-vitro fertilization program is also planned. Reproductive endocrinology and the section on gynecologic oncology will be strengthened. Under the auspices of Dr. Depp, Jefferson has been designated a Center for Maternal Fetal Medicine supported by the National Institute of Child Health and Development.

The Department that began at Jefferson as "Midwifery and Diseases of Women and Children" has segmented into many sophisticated areas involving preventive care, perinatal and genetic diagnosis, and major improvement in the conduct of delivery including fetal monitoring. The associated field of gynecology has witnessed parallel improvement relating not only to surgical technique but also palliation and cure of previously untreatable malignancies. Medical and endocrinological gynecology have expanded the field even further. From the earliest years, the members of the faculty have contributed leading textbooks used throughout the United States (Figure 45-24). It is not too visionary to anticipate even greater changes that will enhance the well-being of mother and fetus in childbirth and improve the treatment of the pelvic structures for all women.

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